

CASE OF DERMATITIS HERPETIFORMIS CAUSED BY NERVOUS SHOCK.

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IN November, 1878, I was asked by my friend, the late Dr. F. F. Maury, to see a "curious case of bullous skin disease" under his care. It proved to be a marked example of what I have described as dermatitis herpetiformis.¹ The following notes, which I think worthy of record, were made at the time. The disease was then fully expressed, and showed the lesions not only in abundance but in all stages of development.

The patient (Capt. K—) is a man thirty-four years of age, of large frame, stout and strong, and in the enjoyment of good general health. He never experienced any disease of the skin until six weeks ago, when the present eruption made its appearance. There is no family history worthy of record.

While gunning in the meadows, he unexpectedly found himself in a bog of soft, blackish, strong-smelling earth, into which he sank deeper with every step. He at once recognized the nature of the spot and the danger, and endeavored to extricate himself, but this proved no easy matter, for with every step he sank deeper into the mire, until in a short time he was buried up to his armpits. He realized his extreme danger, and looked forward to a speedy and miserable death. After struggling for a full half hour in the above predicament he succeeded in seizing a tuft of grass just within reach. By gradually working himself loose and pulling on the grass he finally, in an exhausted state, managed to reach firm ground. He was carried home in a weak condition, bathed and cared for. Three days after this adventure, which had greatly shocked his whole system, the eruption appeared in the form of small, variously shaped, round, oval and angular vesicles, or small "blisters containing clear fluid."

They came out in number, and were scattered over the flexor surfaces of arms and forearms. When first noticed they were pin-head in size, and were not accompanied by areolæ, but seemed to rise directly from the sound skin; two days later, however, inflammation surrounded their bases. At first they were free of itching, but towards the fourth or fifth day, by which time they had slowly grown to the size of peas, this symp-

¹ Communication read before the Section on Medicine of the American Medical Association, May 6, 1884. Journal of the Am. Med. Assoc., Aug. 30, 1884. See, also, AMER. JOURN. OF MED. SCI., Oct. 1884.

tom set in violently. On the second day of the attack scattered lesions of the same character appeared here and there over the trunk, legs, and thighs, and were especially numerous on the posterior surfaces of the thighs, over the shins, and about the ankles, and were quite symmetrically distributed. On the trunk they were on the back, chiefly between the scapulæ, and on the abdomen about the umbilicus and pubes. On the chest they were few in number and disseminated.

By the fifth or six day they had attained the size of large peas—in short became *blebs*; were tensely distended with clear, serous contents; showed no disposition to rupture; and were accompanied with slight areolæ. The itching now became annoying and was constant, the desire to scratch being uncontrollable. The general health remained good; no chilliness or fever. About this date he was rubbed with olive oil, which aggravated his condition, the skin by the next day becoming hot and more irritable. New lesions continued to appear, especially on the back, and the older ones increased in size without showing any sign of rupturing, and where two or more were in close proximity they often coalesced.

From the sixth to the thirteenth day he had no rest, the itching being of the most harassing character. About the eleventh day the lesions became darker, the contents showing a distinct orange-yellow color, and instead of being serous in character were thicker and of a “jelly-like” consistence, so that when the blebs opened with a knife the mass could be removed as a semi-solid gelatinous substance. On the fourteenth day the skin generally and the lesions assumed a dark-reddish, bluish-red color, while the latter contracted and in a few days became crusted and hard, so that with his finger he could “knock them off,” a dark-reddish stain remaining. The eruption at this date was at its height. The blebs were very numerous, the whole surface being literally covered. The scalp, face, ears, penis and scrotum, and even the verge of the anus, were attacked, the palms and soles being the only regions that escaped. The mouth was likewise unaffected. The lesions varied in size from a pea to a walnut, the average size being that of a silver dime; the larger ones were generally formed by the coalition of two or more lesions. They were semi-globular in shape, tensely distended, and in no instance flattened or umbilicated. None burst spontaneously, but many were ruptured by violence; they invariably burst with “a crack” or “explosion.” As already stated, crusting took place in the course of a few days, the crust being of a yellowish-brown or dark-brown color, and not bulky. After these became detached, he observed about the bases of the original lesions a few small pin-head sized “whitish points” or pustules, which multiplied and grew rapidly, itched, and burned; were raised; ran together in many instances; and in four or five days developed into large yellowish *pustules*, some of them being as large as cherries. Nearly all of these lesions, hundreds in number, were punctured, the walls collapsing and the contents flowing freely but being somewhat turbid. This outbreak constitutes what he terms the second attack. The lesions were as abundant as in the first attack, and while showing a disposition to appear on the sites of the old lesions yet came out also on sound skin. Poultices were applied, and later crusts formed as before, which in the course of a few days became detached, leaving dark-reddish spots and stains.

He now rapidly recovered and remained nearly well for a week, when the third attack set in. This was ushered in by malaise, chills, heat, nervousness, and a general itching of the surface, the eruption developing much more rapidly than before. The lesions were for the most part

distinctly *pustular* in character, the others being *vesico-pustular*, *vesicular* and *bullous*; were flat, surrounded with inflammatory areolæ, and itchy. They appeared only on the extremities and over the abdomen. They differed in their distribution from the former lesions in being *grouped*, two, three or more manifesting themselves in close proximity, often coalescing.

Present Condition.—November 22, 1878. He is now suffering with the remains of the third attack, just described, to which within the week has been added a fourth outbreak. New lesions have been coming out from day to day. He is confined to bed, and is suffering with a profuse multiform eruption occupying the greater portion of the general surface. It consists of *vesicles*, *blebs*, *vesico-pustules*, and *pustules* of various sizes and shapes, and in all stages of evolution; *erythematous* (light and dark red) *patches* and *stains*, for the most part the remains of former lesions; *excoriations* and *scratch-marks*, and *crusts*, though these latter lesions are by no means abundant. The multiformity of the lesions is striking. Vesicles, blebs, and pustules are in about equal proportion, and are so intermingled as to exist side by side. The vesicles and blebs may be first considered, and I speak of them together for it is impossible to draw a line of distinction between them; the difference is merely of size. They exist in large numbers, in hundreds. They vary in size from a pin-head to a walnut and larger, the majority averaging between a split pea and a hazel-nut. They are semi-globular or flat in form, and are either tensely distended or flaccid, the former condition existing in all of the smaller lesions. They rise abruptly from the surrounding skin to the height of from one to several lines, have moderately thick walls, similar to the lesions of pemphigus, and show no disposition to rupture spontaneously. There is no sign of umbilication. They are of all shapes, the majority being circular or ovalish; but some are irregular in outline and show angular, “puckered” borders, as is often seen in herpes zoster, in which event they are usually surrounded with bright-red, highly inflammatory areolæ. Many of the vesicles and blebs rise up without areolæ, looking like magnified sudamina. They have a pearly or pale-yellowish color, and, as in the case of other similar lesions, refract light, which gives them a glistening appearance. The contents are for the most part clear, but some are cloudy and in many instances are more or less tinged with blood, producing a mottled or streaked bluish-red hemorrhagic look.

The pustules are likewise in all stages of evolution both as to size and extent of pustulation. Some are distinct pustules no larger than pin-heads, flat or semi-globular in form, and circular or irregular in outline; while others of the same size and larger have evidently been vesicles and blebs, and are passing into pustules. Still others are the size of peas and cherries and are distinctly pustular, like the lesions of true simple impetigo, and contain whitish pale-yellowish puriform contents. Some are in a perfect state of preservation, semi-globular or acuminate in form; others are more or less collapsed. As stated, inflammatory areolæ surround almost all of the larger pustules.

As regards distribution, no region is free except the palms of the hands. It is a very general eruption, the lower extremities exhibiting the most lesions. The flexor surfaces are especially invaded. Upon the thighs and legs there is not a square inch that is not the seat of disease. The skin which is not occupied by distinct lesions is dark red and violaceous in color. The ankles are literally encircled with blebs and pustules, many of which have run together forming large, elongate, flaccid, partly bloody,

dependent blebs. There is everywhere a tendency for the lesions to group, and while owing to their great multitude this is not striking in all regions, it is nevertheless very manifest in certain localities, as on the buttocks and thighs. The groups are for the most part small, consisting of from three to five lesions situated within a radius of an inch. In other places a dozen or more lesions occupy an area the size of the palm of the hand.

A peculiarity of the lesions is their disposition to coalesce. Inclining to manifest themselves in ill-defined clusters of two, three or more, as they increase in size they run together, forming larger lesions. Around the immediate circumference of these lesions, whether vesicular or pustular, smaller, flat pustules or vesicles, the size of pin-heads, are in many instances present. When ruptured the lesions crust over with flat, light, yellowish crusts. Removing these, superficially excoriated, moist, reddish surfaces, having sharply defined irregular vesicular or pustular borders are exposed to view. Everywhere about the older lesions there is noted a disposition on the part of the process to extend itself in a creeping manner while healing in the centre. Itching is present, and is very distressing.

Dec. 19. A month has elapsed since the last note. During this period four distinct attacks or crops of eruption have manifested themselves. The lesions in the first three attacks were of the same character as those in the outbreak of November 22d, just described at length, namely, vesicles, blebs and pustules, with but little inclination to intermediate forms, while in the present eruption *vesico-pustules* predominate. The last two attacks have been milder, with smaller lesions, but accompanied with more itching. The general course of the disease, the disposition of the lesions to cluster, and the regions invaded, have been the same as on previous occasions. At present the eruption is characterized by many small, and some large, variously shaped, *vesicles*, *vesico-pustules* and *pustules*, occurring in patches or scattered over the surface, in all stages of evolution, together with numerous excoriations, ruptured or torn lesions, crusts and scales seated upon a dark-red, violaceous, mottled, pigmented skin, the remains of former attacks. The patient is able to be about the house; his general health is good. He has used lately alkaline tarry lotions. Arsenious acid, in doses of one-fortieth of a grain, has also been taken for the last three weeks; also quinia, and a general tonic treatment.

In December, 1882 (four years after the last note), I received a note from the patient, stating "I am still troubled with the disease, and it has not failed to put in an appearance at certain periods since you saw me in 1878, although the blisters and pustules have gradually become less, both in number and in size. At certain times since, within the year, I was so free of eruption that at one time I thought surely I was rid of my pest. I can always tell two or three days before the eruption will appear by the coming on of an itching sensation. During the past six months I have had two attacks."

The history of this case, including the cause of the disease—a violent shock to the nervous system, is both interesting and instructive. The bullous variety predominated, and when I first saw him, it was highly developed; subsequently, however (as in almost every case that I have encountered), other lesions, especially pustules, manifested themselves. The constitutional symptoms accompanying one exacerbation were marked.